# FEE TRANSMITTAL

## Electronic Version v08

Stylesheet Version v08.0

Title of Invention

SHOCK WAVE THERAPY METHOD AND DEVICE

Application Number:

Date:

First Named Applicant:

Mr. Walter Uebelacker

Attorney Docket Number:

87072/1

# **TOTAL FEE AUTHORIZED \$ 491**

Patent fees are subject to annual revisions on or about October 1st of each year.

Filing as small entity

#### BASIC FILING FEE

Fee Description	Fee Code	Amount \$	Fee Paid \$	
Utility Filing Fee	2001	385	385	
Subtotal For Basic Filing Fees: \$				

### EXTRA CLAIM FEES

Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$	
Total Claims : 27	7	2202	9	63	
Independent Claims : 4	1	2201	43	43	
Subtotal For Extra Claims Fees: \$ 106					

### AUTHORIZED BILLING INFORMATION

The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit account number:

191351

Access Code Deposit name:

Seyfarth Shaw

Deposit authorized name:

Joseph R. Lanser

Signature:

/Joseph R. Lanser/

Date (YYYYMMDD):

2004-02-19

Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.